

FILED
IN OPEN COURT

JUN 24 2020

Plaintiff Martina Marconi
Address 707 Lytle St
City Valparaiso
State IN Zip Code 46383
Telephone 219-336-6937
E-Mail Martina.Marconi66@gmail.com

PORTER SUPERIOR COURT
DIVISION 4
16 E. LINCOLNWAY
VALPARAISO, IN 46383
219-455-3412

Justice A. Bailey
PORTER CIRCUIT SUPERIOR COURT

VS

CAUSE NO. 64D04-2006-SC-1496

Defendant Carolyn Heron
Address 1001 N Sturdy Rd
City Valparaiso
State IN Zip Code 46383
Telephone 219-462-7173
E-Mail _____

DATE: _____

TIME: _____

SHERIFF: _____

NOTICE OF CLAIM

TO THE DEFENDANT(S): You have been sued by the Plaintiff whose name appears above. You are ordered to appear at the time scheduled below. If you have a just reason for being unable to appear, you may request a continuance by contacting the Clerk of the Court no later than ten (10) days prior to the court date. Failure to appear for your court date will result in a Default Judgment being entered against you.

Balance due on (circle one): MONEY OWED ACCIDENT RENT WAGES OTHER

A BRIEF statement of the nature of the Plaintiff's claim against you is as follows:

IN 2 August 2019 Carolyn Heron had proof that I was diabetic but still to this day she denies it and refuses to treat me. The symptoms of being diabetic and not on medication for it has caused me to lose my vein and my dog. It has also caused me to get arrested and refused medical help at our ER and doctors offices in Valparaiso. I live in fear for my health and life every day because of her.
The Plaintiff seeks judgment against the Defendant in the amount of \$ 6000 plus interest, and the cost of this action.

If you wish to pay this claim prior to the court date, call the Plaintiff or Small Claims Clerk for the amount owed in this action.

****No personal checks accepted****

Service by Certified Mail or Sheriff Service \$ 125.00

M. Marconi
Signature of Plaintiff or Attorney

The Plaintiff and Defendant are ordered to appear for Initial Claim Hearing on the 18th day of September 2020 at 9:00 A.M.

IMPORTANT INFORMATION

1. You may pay anytime before the Initial Claim Hearing at the Small Claim Clerk's Office. Paying the claim and court costs in full will dismiss the claim against you.
2. If you fail to appear in Court on the date and time set on Page 1, the Plaintiff can receive a judgment for the amount of the claim, plus Court costs.
3. If you have any counter-claim arising from the same transaction or occurrence, a Counter-Claim form (available at the Clerk's Office) must be filled out at least ten (10) days prior to the hearing date for the matter to be heard at the same time as the Plaintiff's claim.
4. By filing this small claim, the Plaintiff has waived the right to a trial by jury. You have ten (10) days from receipt of this notice to file an affidavit stating the questions of fact which require trial by jury and stating that the request is made in good faith. You must also pay the costs for transferring the case. Your failure to do so, waives your right to a trial by jury.
5. You may represent yourself in Court. You do not need to employ an attorney. You may, however, have an attorney represent you, if you wish. All corporations must comply with Small Claims Rule 8(C).
6. If you do not wish to dispute the claim, you may nonetheless appear for the purpose of allowing the Court to establish a method of payment. You should, however, first contact the Plaintiff or the Plaintiff's attorney and attempt to arrange payment.
7. Manuals explaining small claims procedures are available at the Small Claim Clerk's Office.
8. If a settlement of this claim is made out of Court:
 - a. All monetary settlements shall be paid through the Clerk of the Court.
 - b. The Plaintiff must release the claim at the time of payment in full, or upon complete restitution, at the office of the Clerk of the Court.
9. The decision of the Court may be appealed to the Indiana Court of Appeals.

CERTIFICATE OF MAILING

I certify that on the _____ day of _____, 20____, I mailed a copy of this Notice of Claim to the Defendant(s) by certified mail, requesting a return receipt signed by the addressee at the address furnished by the Plaintiff.

CERTIFICATE OF CLERK OF NOTICE OF CLAIM NOT ACCEPTED BY MAIL

I certify that on the _____ day of _____, 20____, I mailed a copy of this notice of Claim to the Defendant(s), by certified mail, and the same was returned without acceptance this 24th day of September, 2020.

Janice A. Bailey
Clerk, Porter Superior Court, County Division

By: B. Tyler, Deputy Clerk

RETURN OF NOTICE OF CLAIM

This Notice of Claim came to hand on the _____ day of _____, 20____, and I served the same on the _____ day of _____, 20____.

1. By Delivering a copy of Notice of Claim personally to: _____.
2. By leaving a copy of Notice of Claim at: _____.

Sheriff, _____ County, Indiana